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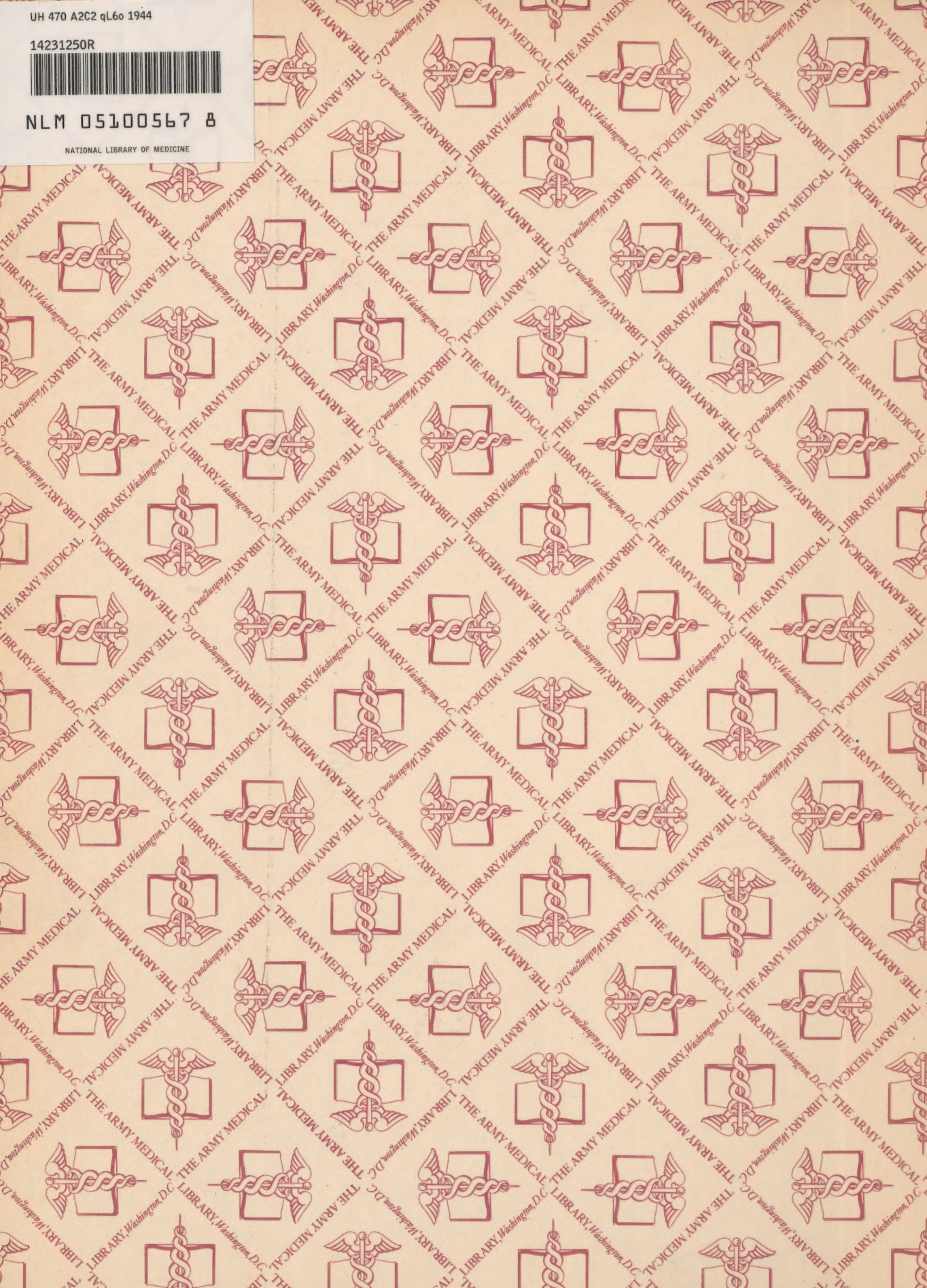
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WARD MANAGEMENT

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OUTLINES IN WARD MANAGEMENT,
SUPPLY AND WARD ADMINISTRATION
FOR
MEDICAL TECHNICIANS

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FOREWORD TO THE STUDENT

The following book is divided into two parts:-

The first is devoted to Ward Management and Supply; the second to Hospital Administration.

This book is written for two purposes: (1) to supply you with a guide for your school work here and (2) for your use as a reference book after you have left this school. Much of it applies to procedures as they are carried out in Letterman General Hospital. For example, many of the forms are Letterman General Hospital forms. However, much of it will also apply to hospitals that you may have been sent from, such as Station hospitals, and a certain amount of it will be applicable to hospitals in the field.

Remember that no hospital, whether civil or military, can function properly without appropriate hospital regulations. Learn to get system and efficiency in your work. A well organized hospital that is clean, neat, and quiet will be one that adds the most to the patients' care and comfort and one in which it will be the most pleasant to work in.

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OUTLINE OF WARD MANAGEMENT AND SUPPLY

LECTURE NO. I

General Remarks — The Ward

I. Introduction

A. Scope of Course.

1. Description of typical ward.
2. Relationship of Ward Personnel.
 - a. Relationship of Ward Personnel to each other.
 - b. Relationship of Wardman to patients.
 - (1) Ward discipline.
3. Police of Wards and Inspections.
4. Ward Paper Work.
 - a. Paper work related to patients.
 - b. Paper work related to property, and supplies. (To be covered under Public Property).
 - c. Ward Records.
5. Reports.
 - a. Types
 - b. When due.
6. Public Property.
 - a. Accountability and Responsibility.
 - b. Supply Officers.
 - c. Property Records
 - d. Classification of Property and Equipment
 - (1) Classification of Medical Supplies.
 - e. Requisition of Supplies.

- f. Transfer of Property.
 - g. Ward Equipment: Its use and care.
 - h. Procurement and Care of Medicines.
7. Filing.
- a. Importance

II. General Construction of Ward.

A. Space for patients.

- 1. Open ward.
- 2. Private rooms.
 - a. For special or seriously ill cases.

B. Offices.

- 1. Ward Officer's office.
 - a. Contents.
- 2. Nurse's office.
 - a. Contents

C. Latrines, including bathrooms.

D. Service Rooms.

- 1. Location.
 - a. Service rooms should be centrally located and equipped for convenience and efficiency of workers. All utensils, linen, and other equipment should be arranged in a uniform and systematic manner in all wards and service rooms throughout the hospital. This is of great value to a nurse or ward man in adjusting himself from one department or section to another and makes for efficiency.
- 2. Types of Rooms.
 - a. Diet kitchen.

b. Utility rooms.

(1) Contents.

(a) Cupboards.

((1)) For linen.

((2)) For other supplies.

(b) Sinks.

c. Day Room or recreation room.

E. Ward furniture.

1. Simple in design - in order to be thoroughly cleaned.
2. Neatness in arrangement.

F. Unit for individual patient.

1. Consists of a bed, bedside stand and chair and sometimes a wall locker.
2. Unit can be screened.
 - a. Importance of patient's privacy.

OUTLINE OF WARD MANAGEMENT AND SUPPLY

LECTURE NO. II

Ward Personnel

I. Ward Officer.

A. Duties.

1. Responsible to higher authority as to the Chief of Service and Section for administration, sanitation, equipment and discipline of their ward, the treatment of patients of the ward, and the proper performance of duty by assistant ward officers, internes, nurses, and attendants, including civilian employees.
 - a. The professional attendance, care and treatment of patients is of primary importance, but such care and treatment cannot be properly accomplished unless efficient administrative methods are maintained.

II. Ward Nurse.

A. Qualifications.

1. A graduate nurse (holds the relative rank of a second lieutenant if she is an army nurse).

B. Assignment.

1. On duty at all the larger hospitals of the Army, but are not assigned to many of the smaller hospitals or to clearing stations in the field.

C. Duties.

1. Directly responsible to the ward officer for the treatment, medication and nursing care of the patients assigned to the ward, for the recording and charting of the patient's condition and treatment.

III. Ward Attendants.

A. General Remarks.

1. Ward attendants are assigned to wards in numbers specified by the Commanding Officer.
2. One ward attendant is designated as "Ward Master."
3. Relationship to Ward Nurse.

B. Duties of Ward Master.

1. In wards in which Army nurses are not assigned, the wardmaster of each ward is directly responsible to the ward officer, and will be in charge of the ward and the enlisted assistants and patients therein, and will be obeyed and respected accordingly.
2. In wards in which Army nurses are not assigned, the wardmaster is responsible for the cleanliness and order of the ward and is responsible for the prompt delivery of prescriptions to the pharmacy, of medicines to the ward, and of diet cards to the mess office.
3. In wards to which Army nurses are not assigned, the wardmaster is responsible for the administration of medicines and other treatment prescribed, the keeping of records, and all other duties that may be assigned to him by the ward officer. No enlisted men except those authorized to do so in writing by the responsible medical officer, will administer medicine to a patient in a hospital, and then only as directed by the responsible medical officer and under such limitations as his written authorization shall prescribe.
4. In the absence of a nurse on the death of a patient the wardmaster will notify the ward officer, or the medical officer of the day. He will not remove the body from the ward until after it has been examined by a medical officer.

5. The wardmaster will see that patients are acquainted with ward rules or regulations on conduct of patients.

a. Ward bulletin board.

(1) Ward bulletin boards are for the purpose of disseminating information, orders, etc. to patients. The contents of these bulletin boards will be neatly arranged. The following will be constantly posted on ward bulletin boards; one copy of regulations on conduct of patients and one copy of the menu for the day.

6. Before leaving the ward at the end of his daily tour of duty, the wardmaster will turn over to his relief all orders of the ward officer, accompanied by such explanations and instructions as may be necessary.

7. Duty upon admission of patient to ward.

a. In absence of Nurse, Wardmaster should immediately notify the ward officer or the Officer of the Day. This is extremely important. Any first aid measures should be carried out if indicated.

8. Accompanying the Medical Officer on his rounds.

a. The nurse or wardmaster accompanies the medical officer on his rounds. It is the duty of the nurse or, if a nurse is not available of the wardmaster to see that all orders written by the ward officer in the ward order book are carried out.

9. Wardmaster and ward attendants should assist the medical officer in charge and the nurse in the proper control and supervision of the patients.

a. Any disregard or disobedience of the rules and regulations of

the hospital by any of the patients should immediately be reported to the nurse or, in her absence, to the ward officer. Likewise, any unusual occurrence in which a patient is concerned. i. e. suicide or attempted suicide, falling from bed, injury inflicted by another patient, injury due to accident within the hospital, burns from hot water bottle or electric appliance, errors in administration of medicine, or any unusual occurrence which might have been detrimental to the patient or might constitute a reason for justifiable complaint will also be reported to ward officer or officer of the day.

- b. Ambulant patients are required to keep their hair brushed and trimmed, their nails clean, to wear socks, to keep their shoes laced, and to exercise good personal hygiene.
- c. Convalescent suits, if worn, should be clean and kept buttoned, and bathrobes, if worn should be belted and tied.
- d. Ambulant patients are often assigned by the ward officer to assist the wardmaster and attendants in the various duties in the ward. It helps to keep the patients' minds occupied and has a good psychological effect in hastening their recovery.

C. Uniform, Personal Appearance and Behavior.

- 1. Ward attendants must be in proper uniform at all times; the uniform should be clean, the brass shined, and shoes polished.
- 2. The uniform prescribed for ward attendants in the Army hospitals is the white uniform.
- 3. The fatigue uniform can be worn when doing police work that would soil the white uniform.
- 4. Ward attendants are required to wear a blouse when waiting on patients.

5. Smoking should be done while absent from the ward, as when on errands.
6. The hair should be kept neatly trimmed, and the hands and nails kept scrupulously clean.
7. Clothing should be neat and clean.
8. Relationship with patients.
 - a. Fraternization with patients is forbidden and shall be discouraged whenever noticed.
 - b. Gentleness, kindness, and tolerance should be exercised at all times in dealing with patients.
 - c. The ward officer or officer of the day shall be notified of all discrepancies and complaints of patients. The ward attendant shall not argue or fight with a patient, but bring any disputes to the attention of the medical officer.
 - d. Gambling in any form is not allowed on wards, and if any such should be discovered, it should be reported to the ward officer or officer of the day.
 - e. Wardmasters or ward attendants will have no financial dealings with patients, that is they will not borrow money from them or lend them money. Money and valuables found on patients will be disposed of in the prescribed manner. The commanding officer will not be responsible for money or valuables of patients not turned over for deposit in the hospital safe.
9. A ward attendant, if seated, should immediately arise and come to attention when an officer enters the room.
10. The wardmaster should not leave the ward without informing the next attendant in charge where he is going and for how long. The latter

should be placed in charge formally before leaving. However, ward-masters will remain constantly on the ward during their tour of duty, insofar as practicable, all errands such as delivery and procurement of laundry, procurement of supplies, procurement of drugs, accompanying patients to clinics, messenger service, etc., will be delegated to one of the junior attendants. In many instances the latter are not qualified to do the duties of a ward master, particularly in certain instances of nursing care where the former may be qualified.

11. No information regarding the diseases or condition of patients under treatment will be given to anyone except those authorized under regulations to receive it.

OUTLINE IN WARD MANAGEMENT AND SUPPLY
LECTURE III

Ward Cleaning

I. General Remarks:

- A. Cleanliness of a ward is of great importance, for dust and dirt favor the growth of bacteria.
- B. Remember that absolute cleanliness, orderliness, and quietness are the first essentials of ward administration and can be attained only by the constant vigilance of all ward personnel.
- C. Take a pride in the appearance of your ward. A clean, orderly well-regulated ward is certain to reflect in your favor and will make for more effective cooperation on the part of the patients.
- D. Should disturb the comfort of the patients as little as possible.
- E. Cleaning work should be divided as equitably as possible among the duty personnel and among the patients that may have been assigned by the Medical Officer.
- F. It is advisable that each day of the week be set aside for some special cleaning, such as walls, windows, on one day, bed, bedside tables and metal furniture on another, etc.
- G. Each day's special cleaning should be started as soon as possible on the day assigned it, the routine cleaning going on as usual in the meantime so that by 10:00 A. M., the ward and the service rooms are ready for inspection by the inspecting officer who may inspect at any time.
- H. Be sure to clean all corners and crevices, moving furniture when necessary in order to clean behind it.
- I. Wash all beds at regular intervals where bed patients occupy

them for long intervals.

II. Dusting

A. A good supply of soft dust rags should be kept on the ward at all times.

B. Everything in a ward, beds, chairs, bedside tables, windows, radiators, easily accessible electric light fixtures, doors, woodwork, and paint should be dusted daily.

C. In dusting, a damp (not wet) duster should be used, a basin of clear water should be at hand in which to rinse the duster frequently.

D. Remove dust with a firm stroke.

E. Dust should be removed from cracks and crevices (those too small for the duster to enter may be cleaned with the point of a wooden toothpick).

F. Dusting rags always should be washed after use and not put away unclean.

G. Polished furniture should be dusted with a dry duster or one that has been slightly oiled.

H. The walls of a ward should be swept down once a week with a long-handled broom, the end of which is covered with a cloth, and walls should be washed at least once a month.

III. Sweeping, Mopping, Scrubbing, Polishing of Floors.

A. General Remarks:

1. The cleaning of floors depends upon the material of which they are made.
2. They should be swept or otherwise cleaned as often as necessary, at least daily, and care taken that no more dust is raised during sweeping than is necessary.

B. Types of Flooring and Method of Cleaning.

1. Floors, Rubber tile.

a. Method of cleaning.

- (1) Sweep or dry-mop with an occasional damp-mopping, using clean, cold water.
- (2) Buff with an electric floor brush and Johnson Bar not less than (3) times a week.

b. The following "DON'TS" should be strictly observed.

- (1) Don't use hot water.
- (2) Don't flood floors.
- (3) Don't use sweeping compound containing oil.
- (4) Don't use cleaning materials containing oil or large percentages of caustics. They soften the floor surface.
- (5) Don't use waxes containing turpentine or other rubber solvents; they injure the rubber.

2. Floors, Terrazzo.

a. Method of Cleaning.

- (1) Use soap and water to loosen dirt.
- (2) Use clean water to take up dirt.
- (3) Sometimes scouring powder is necessary but if floors are kept in good condition by proper mopping this will be seldom necessary.
- (4) Mops should always be washed and wrung out after use.
- (5) At this hospital, L. G. H., mop heads will not be issued to wards or departments except in exchange for a similar item and when they become soiled or

have a musty odor or become unserviceable, will be carefully removed from the frame and sent to the laundry in exchange for clean ones. Under no circumstances will mop heads be mixed with soiled linen.

3. Floors, Wooden.

a. Method of cleaning.

- (1) Should be scrubbed or mopped with hot water and soap.
- (2) The water as in cleaning Terrazzo Floors should be changed frequently. Remember dirty water will not clean anything.
- (3) After washing, floors should be dried thoroughly.

4. Floors in New Cantonment Hospitals.

a. General Remarks.

- (1) As the lumber in the floors of cantonment hospitals was not thoroughly seasoned before installation and a certain amount of shrinkage and warping is to be expected, scrubbing of these floors with lye solutions or strong soap preparations will lead to further warping and to splintering of the surface.
- (2) Because of the slight warping, the use of an electric floor polisher is impracticable in most instances as only high spots will be buffed leaving low areas between untouched.

b. Recommended treatment of floors in new cantonment hospitals.

- (1) A thorough cleaning preferably with neutral soap or soap powder followed by drying. In this procedure, the water should not be flooded on the floors.
- (2) After drying, a thin coat of water emulsion wax, Item 74805, type I, should be applied. This wax will dry giving a dull polish and does not require buffing.
- (3) The floor should then be cleaned daily with a dry cloth mop, rather than a broom. A mop made like a squeegee or a piece of cloth over a hair broom will give a thorough cleansing and the required polish.
- (4) When worn down this surface may be renewed by applying another very thin coat of the same wax.
- (5) Type II wax under this catalog number should not be used as it is too heavy and has to be properly cut before applying.

C. Further remarks on brooms, mops, dustpans, dust cloths, and materials used in cleaning.

1. These materials should always be stored in the spaces provided for them when not in use.
 2. Before putting mops away they should be thoroughly cleaned by washing in warm water and soap.
 3. Remember to use hot water to remove dirt and the addition of a small amount of sodium carbonate (washing soda) or ammonia will soften the water and help to remove grease.
- Lye never should be used without a definite order and

special reason as it is dangerous to handle and is destructive to materials.

4. The use of liquor cresolis compound or any other phenol derivative is prohibited for cleaning floors, disinfecting bed pans, and toilet fixtures, sputum cups, etc., except in the case of communicable diseases, and then only when in the opinion of the Ward Officer it is indicated as a disinfectant and specifically prescribed for the purpose.

D. Articles on Floor.

1. Slippers, shoes, baggage and other such articles should be kept off the floor.
2. Do not allow excessive amounts of personal articles to accumulate at the patient's bedside. It interferes with the proper cleaning of the ward and detracts from good appearance.

IV. Porcelain Utensils.

A. Examples.

1. Sinks, tubs.

B. Method of Cleaning.

1. Best cleaned by warm water and soap, using the necessary amount of muscular effort.
2. Sandsoap should not be used, since this will scratch the surface.
3. Never use a strong acid or alkali on porcelain, tile or marble, as it destroys the finish and roughens the surface, causing it to readily accumulate grime and microorganisms.
4. At times kerosene is used if necessary with ward officer's permission.

V. Diet Kitchens.

A. General Remarks.

1. The diet kitchens should be kept scrupulously clean at all times. Spread of disease in ward is also kept down by periodic inspection of food handlers and other hygienic measures.
2. Proper storage and frequent inspection of food on hand is necessary to prevent any outbreak of food poisoning.
 - a. Foods which are most likely to become infected are meats and fish, especially when canned, milk products and, less often, sea food and fruit.

B. Vermin.

1. The discovery and elimination of vermin requires constant attention.
2. Roaches, ants and flies are constantly present in certain localities.
3. Method for elimination of ants.
4. Method for elimination of roaches.
 - a. By the distribution of sodium fluoride.
5. Method for extermination of flies.
 - a. See notes on Hygiene and Sanitation.
 - b. A sufficient number of fly swatters will be constantly on hand in each ward and used when required.

C. Dishes and Eating Utensils.

1. Cleaning and Sterilizing.
 - a. Dishes, cups, knives, forks, spoons, and other eating utensils will be thoroughly washed and sterilized after use.
 - b. In diet kitchen sinks which are equipped with live

steam outlets as in L. G. H., such utensils after being washed in hot soapy water will be subjected to live steam for five minutes.

c. Sterilization may be accomplished by an electric dish washer in those diet kitchens or general kitchens in which such appliances may be provided.

d. Sterilization by boiling.

(1) Boil one to two minutes.

(2) When a mechanical dish washer is not provided, dishes used by a patient isolated in a general ward or on an isolation ward should receive special attention, reserved for his special use and kept on a marked tray. They should be sterilized by boiling in a large pan, or other vessel, and the hospital corpsman handling them before they are sterilized should carefully wash and disinfect his hands before handling other things.

e. Drying of dishes.

(1) All dishes should be dried in the air regardless of whether they are washed by hand or with a machine or disinfected by heat or with chlorine. Dish towels should never be used to dry dishes.

d. Remarks on care and handling of dishes.

(1) Take care in handling dishes not to break or crack them. Cracked dishes should not be used but turned in for replacement.

(2) Cutlery and silverware is expensive and is apt to get lost or otherwise become missing. Careful check should be made daily. Particular attention should be paid that none is thrown out with the garbage.

D. Tables and Dish Cabinets.

1. Tables and dish cabinets and all their drawers and shelves should be scrubbed and aired daily. Paper if used should be changed every 3 days or oftener if necessary.

E. Frigidaires, Refrigerators, and Water Coolers.

1. Refrigerators and Water Coolers.

- a. Refrigerators and water coolers should be cleaned as early in the morning as possible so that they may be ready for the daily supply of ice, fruit, etc.
- b. The water cooler should be taken apart and washed thoroughly inside and out with hot soap and water. Scald well, and rinse in cold water.
- c. When cleaning the refrigerator, all foods, drinks, butter, etc., should be removed, its shelves should be taken out and thoroughly washed and scalded, placed in the open air and sunshine while the ice compartment and inside and outside casings are being cleaned. The drain pipe and drain pan (when one is used) should receive special attention, be washed with hot soap and water and scalded; the pipe should be taken apart and each section freed from all residue and slimy deposits. Scalding water should be run through this, and the

drip pan well rinsed with the same.

- d. Drain pans should be emptied three times a day.
- e. Doors should be kept closed, except when cleaning or putting in or taking out supplies.
- f. The shelves and all containers should be well dried before being returned to their places.
- g. Any left over supplies should be guarded against and only those ordered which are actually required.

2. Frigidaire.

- a. Interior of frigidaire cleaned once a day with soap and water.
- b. Defrost once to twice weekly at which time pan should be underneath freezing unit.

3. Biological Medicines.

- a. Those supplies which are kept in the frigidaire or refrigerator should be kept in a certain place and in an appropriate box or bottle properly labeled. The container should be labeled clearly (a red cross may also be painted on) so that these medical supplies do not become mixed with food supplies. Do not place too close to ice or freezing unit as certain of these products as protamine zinc insulin are destroyed by freezing or too cold a temperature.

VI. Linen Room.

A. Arrangement and General Remarks.

1. Stacking.

- a. Linen should be stacked in neat piles. This makes for efficiency in checking.

2. Shelves.

a. Keep shelves clean.

3. Linen bags, baskets and carriages.

a. Keep these articles clean and neat and covered with a sheet.

4. No patient's clothing to be retained.

5. Wardmen to keep their personal clothing neat and clean and specified place.

6. Restacking is to be avoided.

B. Exchange of laundry.

1. Soiled hospital linen, patients' hospital clothing, etc., is exchanged daily (excepting Sundays) with the laundry.

2. One day a week is usually set aside by the laundry for the exchange of blankets, bedside curtains and window curtains.

3. When counting and preparing linen to be exchanged with the laundry, a laundry slip is made out in duplicate in order that an accurate check with the laundry may be kept.

4. All articles of linen are counted carefully and kept separate when bundled in order to avoid confusion and mistakes.

5. Sheets to be counted separately from the pillow cases, bath towels separately from hand towels, pajama trousers separately from pajama coats and so on.

6. Linen that has been soiled by fecal matter,

pus, urine, etc., shall be washed, wrung out and taken to the laundry in a separate bundle.

7. Soiled blankets should not be thrown in with other soiled linen.
8. Always be certain that a correct exchange of linen has been effected with the laundry.
9. Clean linen, upon return to the ward, should be put away neatly as prescribed.

VII. Nurses' Office

A. General Care.

B. Care of Medicine Cabinet.

1. Remove few bottles at a time in order that they can be quickly replaced if necessary to lock cabinet.
2. Clean from top of cabinet down.

VIII. Latrines (Lavatories).

A. General Remarks.

1. Lavatories will be maintained in a constant state of cleanliness and order.
2. Steps will be taken to prevent accumulation of soiled towels, pajamas, etc.
3. A bucket partially filled with water will be kept habitually in a convenient place in each lavatory for the reception of refuse, such as cigarette butts, pieces of paper, etc.

B. Specific Cleansing Methods. (See previous remarks in cleansing of floors, porcelain ware, etc.)

IX. A recommended Procedure on Care of Room After being Vacated by Patient.

A. Non-infectious.

1. Rooms and closets to be searched for articles that may have been left by patient and turned over to nurse in charge or wardmaster if latter is in charge.
2. All paper linings of the drawers and closets to be removed and thrown away.
3. Linen to be removed from beds, tables, dressers, etc.
4. Flower vases, drinking glasses and china to be properly cleaned and returned to their proper places.
5. Soap left in the room to be discarded.
6. Thoroughly clean the room.
7. Bed springs to be cleaned with counter brush. Entire bed to be gone over with cloth, warm water and soap. On the death of a patient the springs of a bed should be whisked with a disinfectant solution and the bed washed with hot water and soap. The furniture and room floor should also be washed and at times the wall. The mattress should also be changed.
8. After opening the drawers, closet door, etc., the room should be aired for two hours at least.
9. Then make bed with a clean mattress cover, etc.
10. Line drawers with paper and put on clean stand and dresser covers.

B. Infectious - (Contagious)

1. Sterilize removable enamel ware in steam sterilizer.
2. Mattress and Pillows sent to sterilizing room.
3. Furniture washed with 1% solution creosol or undiluted denatured alcohol.

4. Room cleaned and mopped with 1% solution creosol.
5. Linen soaked in bath tub in 2% solution of creosol; rinsed and sent to laundry, marked contagious.
6. Eating utensils as dishes, knives, forks, spoons, etc., sent to steam pressure sterilizer for sterilization.
7. Rubber gloves are worn by attendant while disinfecting beds.

X. Miscellaneous.

A. Sputum Cups.

1. Cardboard sputum cups and other similar containers of infectious material that are not being saved to analyze should, in addition to being kept covered, be carried directly to the incinerator when possible and never thrown loosely into trash receptacles.
2. Enamel sputum cups should be kept partly filled with water and cleaned several times a day. Do not allow them to become stained.

B. Adhesive.

1. Adhesive will not be used for repair of furniture, equipment, electrical fixtures, etc., and its use will be restricted to medical and surgical procedures for which it is provided.

C. Sterilizers.

1. Sterilizers often become corroded and can be cleaned in one of the following ways.
 - a. Acetic acid. A few drops of full strength added to sterilizer full of water.
 - b. Use a cup of Sal Soda to 3/4 sterilizer of water.

If sediment remains after boiling, it may be removed by applying dilute Hydrochloric acid with a tongue depressor - neutralize by swabbing with ammonia.

D. Nickel and Brass, (for example faucets, etc.)

1. Nickel.

a. Clean with soap and water or Bon Ami. Polish with dry cloth.

2. Brass.

a. Clean with metal polish.

3. Stainless steel.

a. Use metal polish or a damp cloth.

E. Rubber goods - (See Outline of Nursing.)

F. Typewriters.

1. All typewriters in the hands of wards will be kept habitually in the ward office.

2. All typewriters when not in use will be covered with the regular typewriter cover or in the event no such cover is on hand by other suitable piece of fabric.

3. No patient or attendant will be permitted to operate a typewriter unless designated to do so by the Ward Officer.

4. The use of typewriters will be restricted to official business.

XI. Rules for Removal of Stains.

A. General Instructions.

1. Remove immediately to prevent fixation.

2. Cold or tepid water or milk will not fix a stain.

3. Soap sets a stain, therefore the stain must be removed before the article is washed.

4. When boiling water is used, stretch the stained part over a bowl and pour the boiling water over with force until the stain disappears.
5. When using an acid, stretch the stained part over a bowl of boiling water. Apply the acid with a medicine dropper or old tooth brush, dipping the stain occasionally into the hot water and again applying the acid.
6. Peroxide of Hydrogen and dilute Ammonia bleach by oxidation and are particularly useful with woollens. Javelle water (1 lb. sal soda, $\frac{1}{4}$ lb. of chloride of lime, 2 qts. of cold water) is also a very good bleach.
7. Volatile liquids such as gasoline, benzine, ether, chloroform or alcohol should be used in daylight if possible and never near a lamp fire or any open flame.
8. Rinse out acids or bleaches thoroughly.
9. Repeated short applications of chemicals, washing after each application in clear, tepid water, are less harmful to fabrics than the long application.

B. Removal of Specific Stains.

1. Blood

- a. Soak in cold water with a small amount of ammonia; when the stain is brown and nearly gone wash with soap and tepid water. When a blood stain is very old, apply peroxide of hydrogen; soak in tepid water and wash out. Blood on bed ticking. Apply a thick paste of starch and allow it to stand in the sun.

2. Ink.

- a. Soak in sweet or sour milk several days.

- b. Apply dilute HCl or oxalic acid ($\frac{1}{4}$ tsp. to cup of water). Rinse thoroughly.
 - c. Moisten with salt and lemon juice and place in the sun.
 - d. Peroxide and ammonia.
 - e. Red ink may be removed with cold water or H_2O and ammonia or Javelle water.
 - f. For indelible ink, if the base is $AgNO_3$ a 10% solution of potassium cyanide. If the base is anilin dye it cannot be removed.
3. Cocoa or Chocolate.
- a. Wash in cold water first. (Borax helps.) Rinse and pour boiling water through.
4. Coffee and Tea.
- a. Ordinary washing will usually remove the stain.
 - b. Pour boiling water through with force.
 - c. Apply dilute ammonia, wash when color disappears.
 - d. Use peroxide and ammonia for old coffee and tea stains.
5. Fruit.
- a. Warm alcohol will soften and dissolve the stain, then pour boiling water through with force.
 - b. Bleaching agents may be used if necessary.
6. Milk and Cream.
- a. Wash out first with cold water, then soap and tepid water.
7. Vaseline, Grease, Oils.
- a. Soak in kerosene or wash with turpentine.
 - b. Benzine may be used for materials that cannot be washed.

8. Iodine.

a. Apply ammonia or chloroform and wash in warm soapy water.

9. Argyrol

a. Soak in 5% (KON) - potassium cyanide.

10. Silver Nitrate.

a. Apply 10% potassium cyanide or mercury bichloride,
then wash.

11. Picric Acid.

a. Soak one minute in potassium sulphate then wash with
soap and water.

12. Mucus.

a. Wash in ammonia and water, or salt and water before
using soap.

13. Perspiration.

a. Use strong soap solution and let the article lie in
the sun.

b. For perspiration under the arm use very dilute muria-
tic acid.

14. Rust.

a. Lemon juice, salt and sunlight may dissolve it.

b. Dilute Hcl, oxalic acid and dilute muriatic may be
used.

15. Acids.

a. Sponge with water to which has been added a few drops
of ammonia.

16. Balsam of Peru.

a. Soak in kerosene or alcohol.

17. Urine.

- a. Wash with warm water or soap. (soak in dilute alcohol)

18. Mildew.

- a. Fresh may be removed, old cannot.
- b. Moisten with strong soap solution.
- c. Apply a paste of soap or salt and chalk, leave in the strong sunlight for several hours.
- d. Javelle water or other bleaching substances may be used.

19. Mercurochrome.

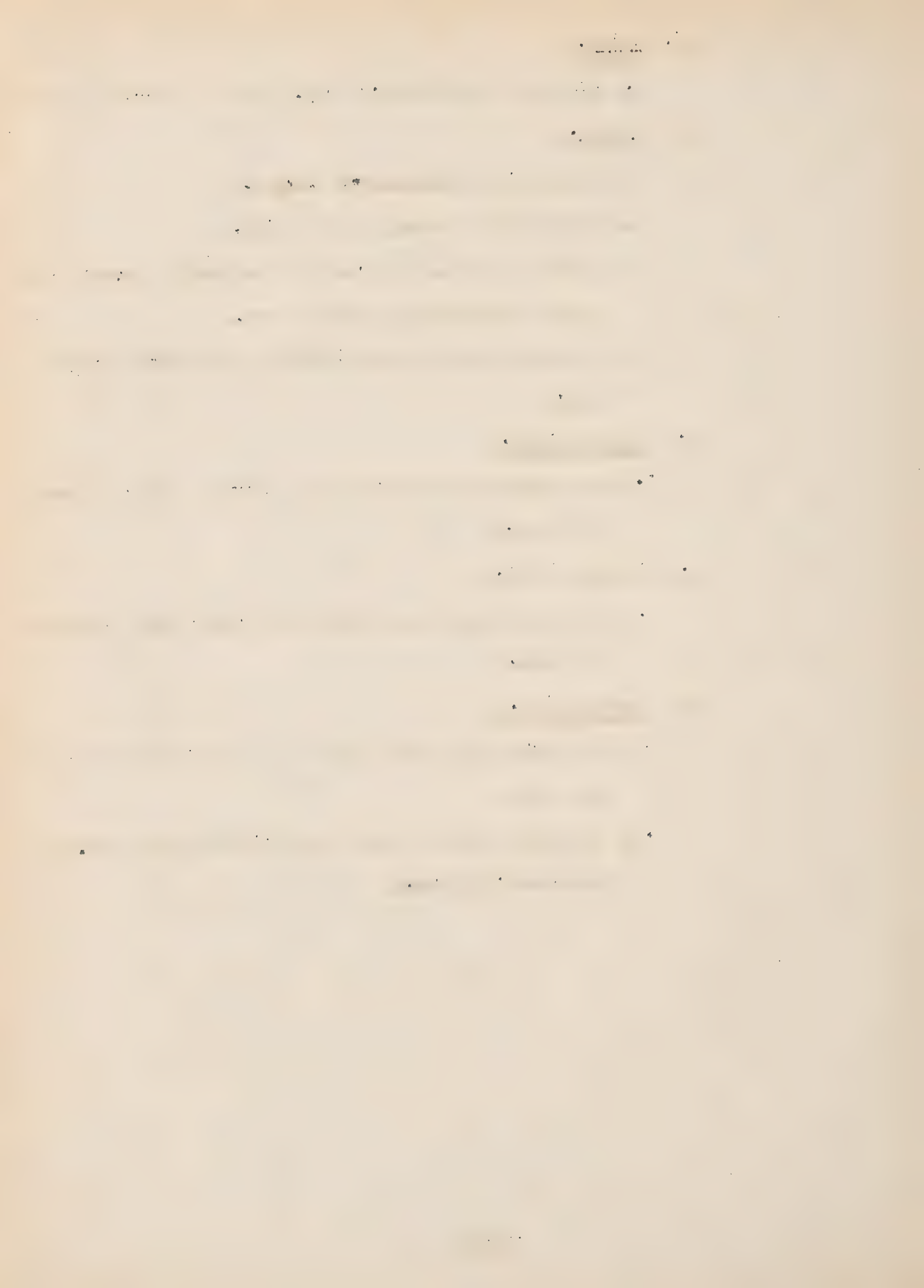
- a. For linen apply acid alcohol and wash with warm soap and water.

20. Gentian Violet.

- a. For linen apply acid alcohol and wash with warm soap and water.

21. Berwick's Dye.

- a. For linen apply acid alcohol and wash with warm soap and water.
- b. To remove Berwick's Dye from linoleum apply Lysol.
Be careful of hands.



OUTLINE OF WARD MANAGEMENT AND SUPPLY

Lecture IV

Supervision of Wards and Ward Duties

I. General Remarks:

- A. Ward Master - must possess executive ability--ward work must be carried on without friction which helps in cooperation, so necessary between medical officers, nurses, hospital corpsmen and patients.
- B. Management and General Supervision of Wards, - Requires a well arranged schedule of work, a regular and systematic routine for cleansing, and the proper assignment of the personnel to definite nursing and other duties.
- C. Distribution of work - according to the amount of work, the kind of patients cared for, the arrangement of the ward and adjacent rooms, and the number of persons assigned to the ward for duty.
- D. Arranging nursing care so that one attendant continually looks after certain patients.
- E. The more responsible duties should be assigned to those having the most experience.
- F. Rotation of assignments.
- G. Supervise new man and observe his work until certain that he understands exactly what is expected of him and can be depended upon to do it correctly.
- H. Actual contact with illness deepens the sense of responsibility, quickens the powers of observation, resource, and helpfulness, and ends a careless, frivolous, or flippant attitude more quickly than any other means.

II. Daily ward duties:

- A. Note: All the following duties may have to be carried out by hospital

corpsmen in the absence of nurses.

1. In the morning before breakfast is served, hospital corpsmen on night duty should see all bed patients have their faces and hands washed. Their mouths cleansed, and teeth brushed, and that other patients do the same for themselves.
2. Temperature, pulse and respiration of all patients should be taken and recorded
3. All medications and treatments ordered to be given before breakfast should be given.
4. All specimens for examination should be collected and taken to the laboratory.
5. All preoperative routine care carried out before night man goes off duty as a rule.
6. Breakfast served by men on day duty in absence of nurse and they are responsible that patients receive the right diets.
7. Patients too ill to feed themselves must be fed by nurse, corpsmen or other patients.
8. May be necessary for corpsmen to serve food and in this case may be necessary to report in ample time to turn on the steam tables and have trays prepared so that serving of breakfast will not be delayed.
9. Following breakfast all trays, all dishes have to be collected promptly.
10. If food on any tray remains untouched, it is necessary to determine the reason and report this to the medical officer.
11. After breakfast beds should be made up, bed baths given, the ward aired, swept, dusted. Beds, chairs, bedside stands should be aligned.

12. Only toilet articles and clothing actually needed as shoes and socks are kept at bedside and they should be kept neatly and in good order. Should should be kept on chair or bedside stand and not on the floor.
13. Food stuffs and medicine not be kept in personnel possession of patient, except certain foods as allowed by the ward officer.
14. As soon as nurses or hospital corpsmen report in the morning, they should visit all the seriously and critically ill patients so that they may acquaint the medical officer of their condition when he arrives.
15. All charts should be kept up-to-date and with all clinical notes and all X-ray, laboratory, and special reports attached.
16. During ward rounds everyone should be as quiet as possible and all convalescent patients should remain by their bedside unless excused by the ward officer.
17. When making ward rounds with the medical officer, the nurse, or hospital corpsman in charge of the ward carries the ward order book and enters in it in ink all orders of the medical officer, which he afterwards reads and signs. Another hospital corpsman may carry towels, tongue depressors, flashlight, stethoscope, etc. for the medical officers use. Hospital corpsmen who are not making rounds should continue their work.
18. In some cases ward officer may have to leave following ward rounds and therefore certain routine forms should be ready at the time of rounds for his signature; Pass, list, disposition slip, prescriptions, diet slip, transfer slips, etc.
19. Drugs needed should be brought to the attention of the medical

officer who will sign the necessary prescription or request.

After being signed, corpsmen should take the slip to pharmacy where the drugs will be issued. Usually this is obtained during certain morning hours.

20. Morning report should be signed after being made out in duplicate and should then be taken or forwarded to proper place as personnel office or receiving office.

21. Expendable and non-expendable slips usually made out weekly.

22. After ward rounds, uncompleted work in the ward is finished, treatments and medicines administered as indicated, slips taken to their respective offices, and ward made ready for executive officers inspection. This inspection may be made by Commanding Officer, his representative or ward officer. It is usual for ward officer to inspect his ward at least once a day. This is usually between the hours of 10 and 12.

23. Attention should be given to medicines, temperatures, and diets between 11 o'clock and noon.

24. After dinner patients usually allowed to rest and hospital corpsmen should take care of necessary ward work.

25. Hospital corpsman should not leave the ward without permission or proper relief.

26. During visiting hours corpsmen in absence of nurse should see that visitors do not sit or recline on beds. Provide chairs for visitors and when visiting hour is over, see that they leave the ward unless given permission, as in the case of seriously ill patients, by the Ward Officer.

27. Evening meal is served and not sooner than one hour afterwards evening toilet should be given.

28. Evening treatments, medicines are taken care of.
29. Ward lights are put out at nine o'clock and any absentees should be reported.
30. The wards, latrines, utility rooms, diet kitchen and offices should be left in a clean condition by the day force.
31. In refrigerators that are not electric there should be sufficient ice for the night as well as enough supplies, such as milk, fruit, eggs, and broth, for the fluid diets, and when necessary, eggs for the morning breakfasts.

OUTLINE IN WARD MANAGEMENT AND SUPPLY

LECTURE V

Ward Paper Work

I. Certain Ward Paper Work related to Patients.

A. Paper Work related to Admission of a Patient.

1. The 55 A. (M.D.)

- a. Initiated in the Receiving and Disposition Office.
- b. Is prepared in duplicate and initialed by Admitting Officer.
- c. One copy sent to ward to which patient is assigned; one retained in Receiving and Disposition Office for period of 2 months.
- d. Necessity for accurate filling out of form.

(1) Full name of patient, name of nearest relative, exact time of admission, etc.

2. Bed Card (LGH 25)

- a. To be prepared in single copy and accompany patient to the ward.
- b. This card bearing name of soldier is attached to foot of his bed.

3. Clothing Slip (Form 75)

- a. Made out in duplicate, one copy being left in baggage room with patient's effects and one copy accompanies patient to ward.
- b. Filed on special file on ward.

4. Local Deposit Form (LGH 49)

- a. Made out in triplicate and signed by patient and Admitting Officer.
- b. Made out regardless of whether patient has money and valuables.
- c. Remarks concerning money and valuables.

(1) Patients informed by Admitting Officer that the hospital will receive for safekeeping money and valuables, as watches, trinkets, personal papers, keepsakes, etc., and that receipts will be given for such articles by a commissioned officer.

- (2) In case patient is physically and mentally incapable as for example, intoxicated or insane, he is searched by the admitting officer in the presence of a witness for money and valuables, which are receipted for by a commissioned officer and properly safeguarded.
- (3) Money and valuables of considerable intrinsic value, such as watches and jewelry, are deposited in a bank or locked in the hospital safe.
- (4) Enlisted men are forbidden to receive money or other valuables from patients for safe keeping.
- (5) Method of accounting for money and valuables.
 - (a) See Outline of Hospital Administration, Duties of Custodian of Patient's Funds:

5. Ward Directory Card (LGH 53)

- a. Made out in single copy and sent to ward with patient for filing on ward directory.
- b. Contains patient's name, rank and organization.

6. Admission Card (78 LGH)

- a. Prepared in single copy and sent to Information Office.
- b. Contains patient's name, rank, organization, serial number, hospital register number, name and address of nearest relative and ward to which patient is sent.
- c. Supplied to Information Office to keep them properly informed in order that they may answer intelligently any inquiries concerning the patient.

7. Report of Seriously Ill (LGH 12)

- a. May be initiated by Admitting Officer if he places patient on Seriously Ill List at the time of admission.
- b. Made out in quadruplicate.

- (1) One copy to Chaplain immediately.
- (2) One copy to ward for patient's chart.
- (3) One copy to Administrative Officer of Day and thence to Registrar.
- (4) One copy to Chief of Service (Service to which patient assigned).

B. Paper Work related to Patient while on Ward.

1. 55 series forms and LGH 180.

a. Description.

(1) Forms relating to patient's history, physical examination, progress notes, nurse notes, laboratory forms, etc.

b. To be filed on chart with patient's name written on form, immediately patient is admitted to ward.

2. Laboratory requests.

a. To be made out in duplicate.

b. As in the case of all forms be sure to give complete name of patient in order that forms will not be misfiled. Also include all other necessary data on form to insure that specific test called for is done and that form is sent back to proper ward.

c. Certain forms are dated on ward, for example, urine and feces specimen forms. In the case of those specimens taken by laboratory personnel as blood cultures, the latter date the request form.

3. Consultation requests (55 series)

a. Made out in duplicate.

b. Taken to Chief of Service (Service on which patient is located) for his approval.

4. Special examinations and treatments.

a. Made out in duplicate.

b. Examples.

(1) ENT - Examination and treatment

(2) Dental - Examination and treatment.

c. Forms should be taken to the desired clinic by hospital corpsman and not given to the patient to take.

5. Passes (LGH 152)

a. Made out in duplicate.

b. To be in office of Commanding Officer, Detachment of Patients prior to 10:30 A.M., the day patient desires to go on leave.

c. Must be signed by Ward Officer.

6. Pass List (LGH 60)

- a. Made out in single copy.
- b. Must be initiated by Ward Officer.
- c. List to be retained for 10 days and if no longer required for some specific purpose will be destroyed.

7. Barber slips (LGH 160)

- a. When a patient who is without the necessary funds needs a hair cut, the ward officer will direct him to report to the Commanding Officer, Detachment of Patients, who will issue the necessary authorization on the above form. If patient is unable to report to the Commanding Officer, Detachment of Patients, the Ward Officer will request the form be prepared.

8. Report of Seriously Ill case (LGH 12)

- a. For details concerning this report, see previous remarks under Admission of Patient.
- b. There should be no delay between time of initiation of a Report of Seriously Ill Patient and its arrival in the office of the Officer of the Day.

9. List of Seriously Ill (LGH 22)

- a. This list will be maintained in the following offices: Office of the Officer of the Day, Registrar's Office, Information Office, each Ward Office.
- b. This list will carry the name of all patients who have been reported seriously ill until such time as report of removal of seriously ill list is received.
- c. The list is kept at all times in wards on nurses desk (as under glass) in plain view and is subject to inspection at any time.
- d. When patient is transferred to another ward, transferring officer will remove his name from list maintained in his Ward and make the following notation in a conspicuous place, the face of the Ward Transfer Slip, (Form No. 20 LGH) which accompanies the patient: "Patient on Seriously Ill List." The Ward Officer of the Ward to which the patient is transferred will place the patient's name on the Seriously Ill List of that Ward as soon as possible after transfer is completed.

10. Report of Removal from Seriously Ill List (LGH 118)

- a. Patients considered out of danger, ward officer will remove his name from list maintained in ward office

and prepare above form in quadruplicate sending one copy to Administrative Officer of Day; one copy to Chief of Service concerned, one copy to Chaplain and one copy filed with clinical record of patient.

11. Report of Unusual Occurrence (LGH 7)

- a. Prepared in duplicate as soon as possible after occurrence.
- b. One copy sent without delay to the Adjutant, the other to Chief of Service concerned. If occurrence to be reported is at a time other than duty hours, the reports will be submitted at 9:00 the following morning.
- c. For further discussion, see previous discussion in Outline on Ward Management.

C. Paper Work Concerning Disposition of Patient.

1. Transfer.

- a. Transfer within service and inter-service transfer.
 - (1) Transfer Slip (Form 20, LGH) made out in single copy.
 - (2) Patient's chart to be in order and completed, and signed by officer.
 - (3) Ward to which patient is to be transferred should be notified to secure acceptance of patient.
 - (4) Take slip to the Office of Chief of Service. There, slip will be signed by Chief of Service or his representative.
 - (5) If patient transferred to new service, slip must also be taken to Office of Chief of Service of the new service for his signature of approval.
 - (6) Then take patient (ambulance or carriage if necessary) his chart, transfer slip, bed card, ward directory card, clothes slip and his personal belongings to new ward.
 - (7) Have slip signed or initialed in new ward by Ward Nurse or Ward Master, turning patient over to personnel of new ward.
 - (8) Secure exchange of clothing for patient.
 - (9) Then take Transfer Slip to Information Office and Receiving Office in order that they may make the necessary changes in their records.
 - (10) Any slips concerning patient as laboratory and x-ray slips returned to former ward of patient should be promptly sent to new ward.

b. Transfer to and from Detention Ward.

(1) Procedure.

- (a) If such transfer deemed advisable or necessary for restraint of patient, procedure as outlined on the previous page in "a" is disregarded and the ward officer or other officers having knowledge of the circumstances, will report the facts to the Officer of the Day. If in his opinion it be necessary, the latter will direct the transfer.
- (b) In emergency any officer may direct the transfer of a patient to the Detention Ward, reporting his action to the Officer of the Day upon its accomplishment.

c. Transfer to and from the Enforced Treatment Ward.

(1) Procedure.

- (a) Should such a transfer be deemed advisable by the ward officer, he will institute a transfer slip and submit it to his Chief of Service for action.
- (b) Upon approval of the Chief of Service, the ward officer will, in the case of Military and Civilian Conservation Corps patients, accomplish the transfer in the same manner as prescribed for transfer to other wards. Transfer of Veterans Administration patients and other civilian patients requires approval of Office of the Commanding Officer.

2. Discharge to Duty.

- a. Complete disposition slip (LGH 14) and have it signed by Ward Officer.
- b. Complete chart attaching all loose forms in order, as nurses records, laboratory forms, x-ray slips, transfer slips, consultations, etc.
- c. Chart to be signed by Ward Officer.
- d. Patient to be interviewed by Ward Officer regarding complaints and any remarks concerning them are signed by him as also statement concerning examination for venereal disease.
- e. Patient and chart taken to Executive Officer of Service at a designated hour, usually 11:00 A.M. and latter officer questions patients as to complaints, confirms discharge, reviews and corrects chart.

- f. Chart left in this office, being later sent to Registrar.
- g. Later, bed card presented at Receiving and Disposition Office, and Clothes Slip at Baggage Room where patient receives his clothes.
- h. Patient awaits in ward, prior to getting clothes, until notification by Receiving and Evacuation Office of his release.

(1) All patients who are to depart from hospital will be discharged from their wards at 1:00 P.M. except those who are awaiting the departure of trains or other forms of transportation.

3. Discharge by CDD (Certificate of Discharge for Disability) or other special forms of discharge.

a. Procedure.

4. Patient's Deaths.

a. Notification of approaching death.

(1) In case of approaching death, the Head Nurse or Nurse in Charge will notify the Ward Officer or, in his absence, the Officer of the Day's Office. On receipt of this notification, the non-commissioned officer on duty in the Office of the Day's Office will immediately notify the Professional Officer of the Day and the indicated Chaplain.

b. Procedure on death of patient.

- (1) The body will not be removed from the ward until death has been pronounced by a medical officer.
- (2) Before removal of remains from the ward, three "Death Tags" (Form 18 LCH) properly prepared and signed by the Medical Officer in attendance at time of death, will be securely tied; one to the right toe and one to the right wrist of the cadaver.
- (3) Immediately after a Medical Officer has pronounced a patient dead; complete or extensive partial dentures will be placed in position in the mouth and the mouth closed; the body thoroughly washed, and the eyes closed by using a thin wisp of cotton inserted beneath the lower lid and extending up onto the cornea, the upper lid then being closed over it.

- (4) The rectum and vagina will be plugged by a wad of cotton approximately one inch in diameter. A piece of gauze will be tied about the penis to prevent the leakage of urine.
 - (5) No material will be inserted in the mouth, nose or ears, and no bandages applied to support the jaw.
 - (6) Surgical dressings will be left in place unless they are saturated with discharge, in which event they will be removed and clean dressings applied.
 - (7) The body will then be completely but loosely wrapped in clean sheets, and the third death tag affixed thereto.
 - (8) Upon the completion of the above, the body will be removed from the ward on a wheeled litter and transported to the morgue.
 - (9) When bodies are placed on the litter for transportation, they will be so draped with blankets as to conceal the fact that there is a corpse on the litter, but to give the impression that a patient is being transported.
- c. Immediately upon the death of a patient, the "Death Card" (Form No. 17 LGH) will be initiated and accomplished in duplicate by the Medical Officer in attendance and promptly dispatched by him to the Administrative Officer of the Day or if he is not immediately available, to the non-commissioned officer in charge of the Receiving and Disposition Office.
- d. Immediately upon the death of a patient, the bed card properly accomplished by the Medical Officer in attendance, will be sent to the Receiving and Disposition Officer.
- e. Money, valuables and effects of deceased patients.
- (1) Upon the death of a patient, the Medical Officer in attendance at time of death will make an immediate search of the deceased's person, bed, bedside table and ward for money, valuables, papers, clothing and other effects belonging to the patient.
 - (2) Any money, valuables, or important papers found will be itemized on local Deposit form, Form No. 49, LGH, in duplicate, which will be signed by the officer making the search.
 - (3) This search will be made in the presence of a witness who will also sign the forms.

- (4) After this action the form, together with any money or valuables found, will be delivered to the Custodian of Patients Funds and Valuables who will receipt and return the duplicate to the Officer making the Deposit and file the original.
- (5) Clothing and effects other than money and valuables that are found will be listed on Patient's Property card, Form 75-MD, in duplicate, which will be signed by the officer making the search, after which the forms together with such clothing and effects found will be delivered to the Patients Baggage Room.

II. Reports.

A. Morning Report (LGH 72)

1. Made out as of midnight to midnight, but it is submitted the following A.M. at 8 A.M.
2. Contains report of all admissions, transfers, departures, deaths, (births if Maternity Ward), absence without leave and every other change that would affect the status of a patient.
3. Made out in duplicate ordinarily. (3 copies made out on Medical Wards, one copy being sent to Chief of Service).
4. Original taken to Receiving and Disposition Office at 8 A.M. each day.
5. Necessity for accuracy in filling out this report.

B. Diet Card (Form 73 M.D.)

1. Submitted daily.
2. Signed by Ward Officer.
3. Submitted to Dietician's Office at 11 P.M. and lists food requirements for next day. For example, the number of convalescent ulcer diets, the number of regular diets, etc. Also lists other food articles that may be needed by the ward as milk, pepper and salt.

C. Patients for Police Detail (Form 31 LGH).

1. Made out daily and signed by Ward Officer.
2. Contains names of convalescent patients that ward officer considers able to do certain duties on ward.
3. To be published on Ward Bulletin Board.

D. Monthly list of patients (64 LGH)

1. Prepared in triplicate as of last day of every month.
2. One copy sent to Registrar and one copy to Chief of Service not later than 11:00 A.M. the following day. The third copy is retained.
3. Records all patients present as of midnight the last day of each month. Information required.
 - a. Hospital Register number.
 - b. Name, rank, organization.
 - c. Date of admission to hospital.

E. Communicable Disease Reports.

1. Communicable Disease Report (89 LGH).
 - a. Whenever a case of communicable disease appears in a ward, a report will be rendered on Form 89 LGH and forwarded to the Chief of Service for Transmission to the Registrar.
2. Communicable Disease Report (125 LGH) through Thursday midnight, on contagious disease wards.
 - a. Three copies signed by Ward Officer, two to Office of Chief of Medical Service (one being sent to Registrar's Office) and one copy retained on ward.

F. Diagnosis Slips (Form 10 LGH)

1. Made out in duplicate, original signed by Ward Officer, sent through Chief of Service to Registrar; duplicate retained for filing on patient's chart.
2. Diagnosis slip to be sent in before last day of each month on all patients except communicable disease cases which must be sent in immediately (including venereal diseases).
3. Diagnosis slips reporting Venereal Diseases are made out in triplicate, one retained in ward; the other two are sent through the Chief of Service to the Registrar. When the health care for venereal disease is sent to the ward, the number is placed on the diagnosis slip on the patient's chart. Also a record of the health officer's interview with the patient is entered in the progress notes.

G. Other Reports Rendered on Occasions.

1. Recommendation for Discharge for Disability, Form 80 LGH.
2. Report of Pay Patients to Mess Officer.
3. Report to Registrar when placing patient under the provisions of AR 35-1440 and removing him from same.
4. Report of Disciplinary Action Form 23 LGH.

III. Some Ward Records.

A. Admission Book.

1. Name and status of every patient admitted to the ward is recorded in this book.
2. Admission diagnosis is recorded in the column provided for that purpose.
3. Disposition is noted when patient leaves the ward, such as discharge to duty, transfer to another ward or hospital, death, etc.
4. Upon leaving the ward the patient's final diagnosis is noted in column provided for that purpose.

B. Medication and Treatment Book.

1. In this book the various activities of the ward are recorded.
2. The ward officer officially prescribes the medicines and treatment that is desired for the patient.
 - a. When order is signed by Medical Officer on Doctor's Order Sheet, it is official and must be carried out to the letter.
3. The nurse (or in the absence of the nurse, the ward master) will maintain a daily treatment sheet in this book.
 - a. On this sheet all happenings of a complete 24 hr. day will be recorded (all admissions, all transfers, deaths, discharges are recorded) a daily census of the patients on the ward is recorded; the condition of the ward and patients is noted and all medications and treatments that a patient has received are recorded and checked on this sheet.

4. In the day time (usually 7:00 A.M. to 7:00 P.M.) this record is entered in black ink at night time (usually 7:00 P.M. to 7:00 A.M.) the record of remarks are entered in red ink.

C. Narcotic Register.

1. A book in which is entered the amount of all narcotics and alcoholic spirits on the ward.
2. When alcohol or narcotics have been received from the pharmacy, the nature and quantity of the drug or spirits must be immediately entered in the Narcotic Register.
3. Upon dispensation of a drug or spirits to a patient, the nature and quantity given must be recorded.
 - a. Any discrepancy found in the Narcotic Register when checked by an inspecting officer is liable to cause an investigation and court martial to be held.

D. Property Records

1. See Outline of Supply.

E. Miscellaneous Files.

1. All papers of importance should be kept on the ward for reference.
2. A separate file should be used for different classes of paper matter, such as hospital memorandums, hospital orders, special orders, hospital regulations, etc.
3. All orders and memorandums should be filed in order.

IV. Ward Paper Work Related to Supply.

- A. See Outline of Supply.

SUPPLY AND PAPER WORK PERTAINING TO SUPPLY

Lecture VI and VII

I. Public Property.

- A. Property belonging to and in use by the government is known as public property.

II. General Remarks.

- A. Waste and extravagant use of supplies must always be avoided. This can be accomplished only if all the medical department personnel are constantly on the alert to see that full value is derived from all public property in use.
- B. Timely repair will prolong the life of much equipment which will be reflected in a lowered cost of operation.
- C. In checking property lists report any surplus found, since a surplus can mean but one thing - someone else is "short."

This is especially true in checking ward property when frequent linen exchanges and transfer of patients tends to create discrepancies in ward property.

- D. Arrange the stock so that the old stock on hand will be issued first. Deteriorating items require frequent inspections and overhauling if undue loss from deterioration is to be prevented.
- E. Do not "inflate" requisitions. Anticipate only normal expectancy of needs and do not resort to the practice of "playing safe" by asking for items and quantities of items which will probably never be required. By so doing some other unit (ward) may be deprived of its proper share of

certain supplies which at the time may be available only in limited quantities.

F. Emergency requisitions may be submitted and are to be used to meet unforeseen requirements.

G. Ward equipment is divided into three branches.

1. Non-standard.

a. That type of equipment or property that is not classified in the medical supply catalogue.

2. Non-expendable.

a. This equipment is durable equipment and classified in the medical supply catalogue - for example beds, chairs, desks, sheets, blankets.

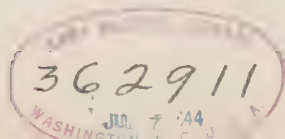
3. Expendable.

a. This equipment is that type that is normally consumed in the process of use or which by its use becomes an integral part of other property or some inexpensive items which while not consumed by use, are not very durable and are easily broken through no fault of anyone concerned. Examples: Medicines, bandages and glassware.

III. Accountability and Responsibility.

A. Accountability.

1. Accountability means that strict account of all supplies furnished must be kept. This account or record is kept on a stock record account. Since a supply or property officer furnishes supplies, he keeps a stock record account



and is thereby accountable.

B. Responsibility.

1. To be responsible means that every officer and soldier who is in receipt of any government property whatever is responsible for the strict supervision over the receipt, care, use and safe keeping of it. He may be required to pay for loss of or damage if he has not used reasonable care and complied with all pertinent regulations and orders to prevent such loss or damage.

IV. Supply Officers.

- A. A supply officer for each arm or service is designated for each station and maintains property accountability records.
- B. Such a supply officer exists at Letterman General Hospital. This officer is in charge of the Medical Supply. (In addition to the Medical Supply Officer there is a Quartermaster Property and Supply Officer, who is not to be confused with the Medical Supply Officer. The Quartermaster Officer is responsible for the upkeep and maintenance of the buildings and fixtures attached thereto, such as light fixtures, plumbing fixtures, cabinets and closets fixed to the buildings, doors, windows, etc.

V. Supply Depots.

A. General Supply Depots.

1. Maintained for the supply of designated areas and in these are stored supplies for all branches of the service within that area.

B. Local Supply Depôts.

1. Maintained for the supply of that station or company to which it is attached (Example - Medical Supply Depot attached for the supply of Letterman General Hospital; this Medical Supply Depot is responsible only for the supply of this station).

VI. The Medical Department Supply Catalogue and Its Use.

- A. Lists those items, the issue of which is the responsibility of the Medical Department.
- B. Items listed in this catalogue constitute "standard medical supplies," and those not listed in the Supply Catalogue but procured by the Medical Department as required are designated as "Non-standard."
- C. The standard medical supplies are divided into classes and sub-classes as follows:

Class 1. Drugs, chemicals

Biological stains

Biological products

Class 2. Surgical dressings.

Class 3. Surgical instruments.

Surgical appliances, miscellaneous diagnostic instruments, and surgical supplies.

Class 4. Laboratory equipment and supplies.

Class 5. Dental equipment and supplies.

Class 6. X-ray equipment and supplies.

Class 7. Furniture

Physiotherapy equipment, Hospital linen
and bedding.

Mess equipment and supplies.

Cleaning and preserving equipment and
supplies.

Stationery and miscellaneous office
equipment and supplies.

Miscellaneous hospital equipment and
supplies.

Class 8. Veterinary equipment and supplies.

Class 9. Field equipment and supplies.

D. The letter X in the column following the item no. denotes
that the article is expendable.

VII. Ward Paper Work Relating to Supply.

A. Monthly Overage and Shortage Report (95 LGH)

1. Submitted in single copy to Medical Supply Officer and
signed by Ward Officer.
2. The last day of the month is usually set aside for a
complete check of all non-expendable property charged
to the ward.
3. This inventory of property must be made by the officer
responsible for the property and it is the wardmaster's
duty to see that all property is placed in position to
be quickly and accurately counted.
4. The result of the inventory having been completed an
overage and shortage report is initiated and signed by
the ward officer.

5. All overages to be turned into the Medical Supply without fail.
6. In case of shortage the articles are made up by the Medical Supply after it has been determined that the shortage was not due to negligence on the part of the officer responsible for the property.
7. An efficient wardman sees to it that a careful supervision is maintained over ward property at all times.

B. Requisitions for supplies.

1. Requisition for expendable property.

- a. Form MD 16a (white) or Form 2 LGH.
- b. To be presented to Medical Supply Office on Monday morning.
- c. May be presented at other times in case of emergency (slip should be marked emergency).
- d. Made out in duplicate and signed by ward officer. Original taken to medical supply.

2. Requisition for non-expendable property.

- a. Form MD 16b (blue).
- b. To be presented to Medical Supply Office on Monday morning.
- c. May be presented at other times in case of emergency (slip should be marked emergency).
- d. Made out in duplicate and signed by ward officer. Original taken to medical supply.

3. Requisition of non-standard supplies.

- a. Ward officer sends requisition to the Chief of Service.
- b. Requisition states the amount, nature and need of the article or medicine required.
- c. Requisition is signed by the Chief of Service and sent to

the Commanding Officer for approval and signature.

- d. Upon approval of the Commanding Officer the requisition is sent to the Medical Supply Officer and the latter makes out an order to the firm that handles the article.

C. Credit, Exchange and Repair of Equipment and Supplies.

1. Credit.

- a. When a non-expendable article is no longer needed for use on a ward that article can be turned in to the Medical Supply.
- b. A credit slip MD Form 16c (pink) is made out in duplicate and signed by Ward Officer.
- c. Upon excepting the article turned in for credit, the duplicate credit slip should be signed that article is received.
- d. Bring duplicate slip back to ward for filing.

2. Exchange.

- a. When the exchange of a non-expendable article is desired due to breakage or wear, an exchange slip, MD form 16d (yellow) is made out in single copy and signed by the Ward Officer.
- b. The article and the request for exchange are taken to the medical supply and an exchange is made.
- c. The exchange slip is kept by the Medical Supply in order that they may show that an exchange has been made.

3. Repair.

- a. Repair orders for Medical Supply property (all property listed on Medical Supply Credit Memorandum) are obtained from the Medical Supply.
- b. Work orders for the repair of all other property, as electric installations, plumbing, doors, floors, walls, etc., are ob-

tained through the Quartermaster - as a rule the

Quartermaster maintains a work order book convenient-

ly located for that purpose.

D. Property Records.

1. Memorandum Receipt. (QMC 487)

a. The Medical Supply Property in use on a ward is charged directly to the officer in charge of the ward and itemized on a Medical Supply Memorandum Receipt.

b. The original copy of the memorandum receipt is signed by the officer in charge of the ward and retained by the Medical Supply Officer.

c. A duplicate copy is kept on the ward for reference when a check of the property in the ward is desired.

2. Quartermaster Property Memorandum (QMC 487)

a. The Quartermaster property in use in a ward is itemized on a Quartermaster Property Memorandum. The Quartermaster retains the original copy and the duplicate copy is held in the ward.

VIII. Procurement and Care of Medicines.

A. Procurement.

1. A certain day of the week is usually set aside by the Pharmacy for the procurement of medicine by the wards.
2. The supply of general medicines on use in the wards can usually be anticipated a week in advance.
3. Medicine needed for a special purpose or because you have run short for some unforeseen reason may be obtained in an emergency.

4. Prescription.

- a. A prescription blank is used for the requisition of all drugs and medicines issued by the pharmacy.
- b. A separate prescription must be made for each article desired.
- c. A prescription must be signed by a medical officer and is useless until it is so signed.
- d. The amount and nature of the medicine desired must be correctly stated on all prescriptions.
- e. Any special instructions as to the filling of a prescription shall be noted on prescriptions by the medical officer.

5. Over stocking of any medicine including narcotics or alcohol should be avoided at all times.

B. Delivery.

1. Upon delivery of medicine to the ward the medicine should be examined as to labeling; bottles should be wiped clean before storing and all medicines stored in the proper place.

C. Poisons.

1. A poison label shall be placed above and below the regular label stating the nature of the poison drug or medicine.
2. All poisons shall be separate from and on a different shelf or in a different cupboard from medicines which are used internally.
3. Poisons shall be kept under lock and key at all times except when being used.
4. When being used poison should remain in possession of the person using it and at no time should a patient be allowed to handle or use the poison.

D. Narcotics and Alcohol.

1. Narcotics and alcohol shall be kept locked up at all times except when being dispensed by a person having the proper authorization.
2. Narcotics and alcohol are signed for by the person receiving these articles from the pharmacy.
3. The person receiving these articles is responsible for their safe arrival to the ward and must see that they are recorded in the narcotic register and safely locked up.
4. Narcotics and alcohol are given to the patient only upon order of a medical officer and only the dosage prescribed by the medical officer is given.
5. All narcotics should be checked daily and should check with the amount recorded in the Narcotic Register.
6. The amount of narcotic or alcohol administered to a patient should be recorded in the Narcotic Register immediately after administration.
7. The amount of narcotics and alcohol in a ward should be kept at a minimum according to use.
8. Narcotic Registers are checked by the Ward Officer on the first, tenth and thirtieth of each month and at frequent intervals (about once a month) by a hospital inspecting officer.

E. Medicines for Internal Use.

1. Medicines for internal use are kept locked in a medicine cabinet provided for them and are kept separate from poisons and medicines for external use.
2. Patients are not allowed to procure their medicines from the medicine cabinet under any circumstances.
3. For other remarks concerning medicines see Outline of Nursing,

OUTLINE OF HOSPITAL ADMINISTRATION

Lectures VIII and IX

I. General Remarks.

A. This outline covers chiefly the administration of general and larger station hospital.

B. Insofar as applicable and practicable they have equal force in the administration of all fixed hospitals, irrespective of their type or capacity.

C. Local conditions will require commanders in the theatre of operations to make certain changes.

II. Hospital Regulations.

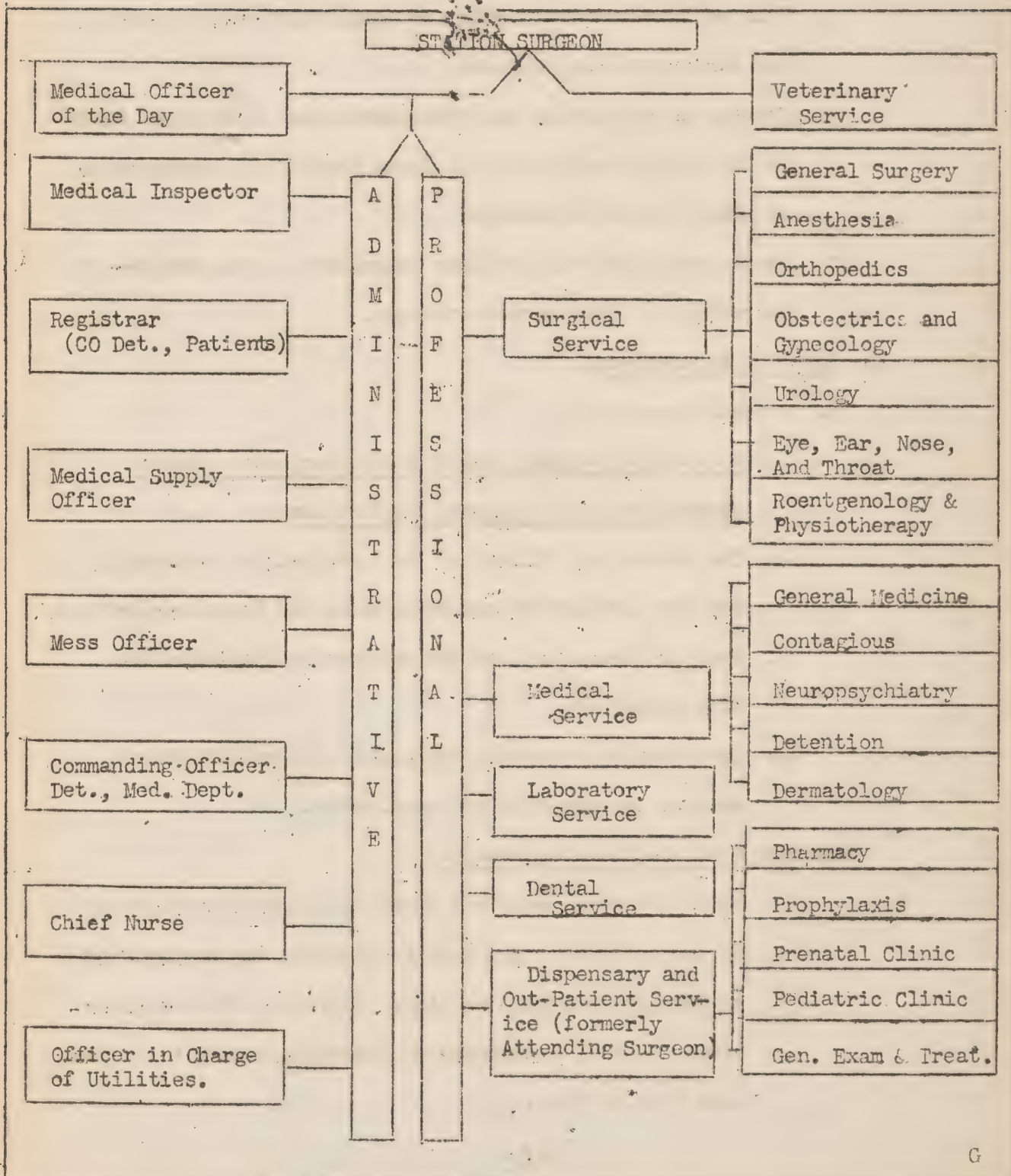
A. General Remarks.

1. No hospital whether civil or military can function properly without hospital regulations.
2. The Commanding Officer of the hospital is responsible for the formulation and enforcement of these regulations.
3. They are necessary for the guidance of patients and duty personnel.
4. They should be readily accessible and read by those persons to whom they are applicable.

B. Scope of Hospital Regulations.

1. These are very broad and cover the entire functioning of the hospital. Hospital regulations may be modified or changed from time to time. Likewise, other regulations, orders, memoranda and instructions may be issued from time to time.

Organization For A Station Hospital To Be Used As
A Guide, Modified To Meet Local Conditions.



2. Outline the organization of hospital (see Organizational Chart - page 59) and Duties of Members of the Staff.
3. Cover various phases of admission, care and disposition of patients.
4. Covers specifically the operation of each service both administrative and professional.
5. Miscellaneous regulations cover such things as motor vehicles, traffic regulations and parking, salesmen, collectors, and excluded persons.

III. Titles Applicable to Duty Personnel.

- A. The following titles are given the Medical Department Personnel performing the more important administrative and clinical duties at a hospital:

Duty	Title
Commanding hospital	Commanding Officer
In charge of a Service	Chief Service
Commissioned assistant on a service . . .	Assistant ... Service
Officer in charge of records of sick and wounded	Registrar
Officer in charge of a ward	Ward Officer
Commissioned Assistant in a ward	Assistant Ward Officer
Nurse in charge of Nurse Staff	Chief Nurse
Nurse in charge of a ward	Head Nurse
Principal enlisted assistant in a ward ..	Wardmaster
Other enlisted assistant in a ward . . .	Ward attendant

B. For the organization of Stational Hospital, see chart on page 59.

1. In a general hospital as Letterman General Hospital organization is more complex than this chart indicates.
2. In smaller station hospital one officer may be responsible for several duties. For example, the same officer may be Medical Supply Officer, Mess Officer, Commanding Officer, Det., Med. Dept., Chief of the Medical Service, etc. In other words in a small hospital where there are but few officers on duty, each officer has to perform several duties. In other words, he may perform all the duties in one day applicable to the various administrative departments and professional services of a large hospital.
3. Even the smaller hospitals need an organization chart which can be modified for local conditions. It aids in the accomplishment of hospital efficiency and management.

IV. Duties of Commanding Officer.

A. General.

1. Responsible for its proper discipline and administration, including the care and preparation of the necessary reports, registers and records, as well as for the care and safe guarding of all public property which may come into his possession; for the proper expenditure of supplies and funds; and for the preparation of requisitions, returns and payrolls of the hospital.

2. Responsible for the military and technical training of all elements of his command.
 - a. Training schedules.
 - b. Maintenance of records.
 - c. Supervision and coordination of the necessary training inspections.
3. While not charged with the execution of duties delegated by him to an assistant, he is responsible for exercising such supervision over these duties as to insure their prompt and efficient performance by the designated subordinate.

B. Patients.

1. The commanding officer (or one of his commissioned assistants) determines what patients are to be admitted or discharged from the hospital. He provides for their assignment to wards or subdivisions according to the nature of their complaints and is responsible for supervising their care and treatment, including the employment of recognized professional procedures.
2. The commanding officer or a commissioned assistant designated by him commands the detachment of patients.
3. Information concerning the condition of sick and wounded patients necessary to allay the anxiety of friends may be imparted under instructions of the commanding officer.
4. When in the opinion of the commanding officer of the hospital the condition of a patient, by reason of injury or disease, has reached a stage which seriously endangers life, the commanding officer promptly communicates the fact (by telegraph or otherwise, as he may deem necessary)

to the person designated by the patient to be notified in case of emergency. In such cases the commanding officer also notifies the local Army chaplain.

C. Claims and Vital Statistics.

1. For regulations relating to the furnishing of information which can be made the basis of a claim against the United States, see AR 35-7020. For regulations regarding reports of births, deaths, and cases of communicable diseases, see AR 40-1025 and 40-1030.

D. Duty Personnel.

1. The commanding officer (or one of his commissioned assistants) commands as a detachment commander all duty personnel under his jurisdiction.
2. He assigns them to appropriate duties, and reports them on the proper returns in the capacity in which they are serving.
3. He requires a proper performance of duty by the entire hospital personnel and prescribes and enforces proper regulations as to the sanitary, disciplinary, and other requirements of the hospital.
4. His responsibility for training has been noted in 2 above under A.

E. Inspections.

1. Depending on the size of the hospital, the commanding officer inspects or directs the inspection of the entire hospital daily, and on Saturdays inspects, or causes to be inspected, the Medical Department detachment.

F. Use of Hospital Buildings.

1. The commanding officer of a hospital is responsible that no portion of the hospital buildings is occupied as quarters or used for maintaining a mess, except for patients and for personnel of the Medical Department (including civilian employees) on duty thereat.
2. Quarters and messes for officers on duty at the hospital may be permitted in rooms or buildings of the hospital set aside for the purpose, only when deemed necessary by the commanding officer of the hospital concerned.
3. When in the opinion of the commanding officer of the hospital it is impracticable for officers on duty at the hospital to maintain private messes, such officers may be subsisted in one of the established hospital messes, paying into the hospital fund for their subsistence an amount equal to that prescribed for officer patients in the same hospital, plus 25 cents a day.

G. Fire control.

1. The commanding officer is responsible for instituting proper measures for the prevention and control of fire.
2. These measures include the enforcement of fire-prevention measures prescribed by higher authority, the appointment of a competent fire marshal, the formulation of adequate regulations for fire prevention, periodic fire drill, etc.

H. Reports, records, and returns.

1. The commanding officer is responsible for the proper and timely rendition of all reports and returns pertaining to his hospital and the official records thereof. See AR 40-1005.

I. Services.

1. General.

- a. For convenience of administration, and in the interest of professional efficiency, the commanding officer of each Army hospital organizes the professional and other activities of his hospital into services after the manner of well-organized hospitals in civil communities.
2. He prescribes the number of services for his hospital, the lines of control over them, and their relationship to each other.
3. For list of services of Station Hospital used as guide see page 59.

V. Administrative Service in Detail.

Note: Much of the following outline pertains to personnel and some of their duties as outlined in Hospital Regulations for Letterman General Hospital. Some of these personnel are not on duty in smaller hospitals and the duties of those that are may be somewhat modified according to the desires of the Commanding Officer.

A. Personnel and duties.

1. Executive Officer.

- a. Is charged, under the direction of the Commanding Officer, with the coordination of all activities of the hospital and with the performance of such other duties as may be prescribed by the Commanding Officer.
- b. Acts as Public Relation Officer for this command.
- c. Acts as Training Officer for internes and maintains the necessary records of their training.

2. Adjutant.

- a. Performs duties of his office as prescribed in Army Regulations. In addition at L. G. H. has other duties as:
 - (1) Has charge of Post Office. Exercises general supervision over efficiency of local mail service subject to existing Postal Regulations.
 - (2) Exercises administrative supervision over the civilian employees, Medical Department, employed at this hospital, in matters relative to their employment, assignment, pay, etc., subject to existing regulations.
 - (3) Exercises administrative supervision over Information Office.

3. Provost Marshal.

- a. Charged with duty of maintaining law and good order on hospital reservation.

- b. In charge of the guard and military police.
- c. Responsible for all matters of an administrative nature pertaining to Detention and Enforced Treatment Wards.

4. Registrar.

- a. In the military service the office of registrar is peculiar to the Medical Department.
- b. Has charge of all medical and surgical records and sees that careful and accurate clinical histories, statistical tables and charts, and all prescribed sick and wounded records are kept.
- c. He prepares all reports and returns pertaining to the sick and wounded.
- d. Exercises administrative jurisdiction in all matters pertaining to deaths and disposition of remains, and makes the reports in connection therewith which may be required by existing regulations.
- e. Prepares the necessary notification to the nearest relatives or friends of seriously ill patients and also a notification when such patients have been removed from the seriously ill list.

5. Commanding Officer, Detachment of Patients.

- a. Exercises command over all enlisted patients, beneficiaries of the Veterans Administration, and enrollees of the Civilian Conservation Corps, and has charge of all administrative records, reports and correspondence pertaining thereto.

- b. Has charge of the Patient's Baggage Room and is the Custodian of Patients' Funds and Valuables.
- 6. Commanding Officer, Detachment Medical Department.
 - a. Exercise immediate command over all enlisted personnel of the Medical Department on duty at hospital, and supply such details, temporary or permanent, to the different wards and departments of the hospital as may be required.
 - b. Responsible for the discipline, instruction, training, equipment and uniforms, quartering, and proper keeping of the necessary records of all members of his detachment.
- 7. Other Administrative Officers.
 - a. Quartermaster.
 - b. Hospital Inspector.
 - (1) In addition to other duties makes a monthly check of all alcoholics, narcotics, and habit forming drugs, in the Pharmacy, in the hands of the Medical Supply Officer and inspects and checks at irregular intervals, the narcotic books in all wards.
 - c. Fire Marshal.
 - (1) Responsible to Commanding Officer for all matters in connection with the provisions of the Fire Regulations at this hospital.
 - d. Medical Supply Officer.
 - (1) See Outline on Ward Management and Supply.
 - e. Mess Officer.

f. Post Exchange Officer.

g. Recreational Officer.

h. Receiving and Disposition Officer.

- (1) Responsible for the admission and departure of all patients to and from the hospital and will regulate the ambulance service. During his absence from office his duties assumed by the Professional Officer of the Day.

i. Principal Chief Nurse.

- (1) Supervision over all members of the Army Nurses Corps, Civilian Nurses, aides and dietitians, and the nursing service of this hospital.

j. Recruiting Officer.

k. Training Officer.

l. Police Officer.

- (1) Responsible for the police of the grounds, walks, and roads not specifically assigned to a department, for watering and cutting of grass, and for the proper disposition of garbage and other wastes.

m. Summary Court Officer.

n. Chaplain.

o. Supervisor of Hospital Police and Enlisted Personnel of Professional Service.

- (1) Maintains supervision over the police and sanitation of the hospital in general and, in that

capacity, has administrative control and supervision over enlisted personnel assigned to duty in the Professional Service.

- (2) Custodian of certain equipment for general use in the hospital.

p. Unit Personnel Officer.

- (1) Responsible for preparation of reports, returns, rosters, payrolls, vouchers, and such other administrative matters pertaining to military personnel as prescribed in War Department instructions.

q. Finance Officer.

VI. Professional Division.

A. Medical Service.

1. Organization.

a. Sections.

- (1) General Medical Section.
- (2) Officer's Section.
- (3) Cardio-vascular-renal Section.
- (4) Communicable Disease Section.
- (5) Gastro-intestinal Section.
- (6) Neuropsychiatric Section.

b. Officers.

- (1) Chief of Medical Service.

- (a) The senior medical officer assigned to duty with the Medical Service is in charge thereof and will be designated as the Chief of Medical Service.

(1) Makes recommendations to the

Commanding Officer as to assignment of assistants, will supervise and be responsible for the administration, sanitation, and police of sections, wards and clinics pertaining to his service and for the professional care and treatment of patients therein and the correct completion of their clinical records before transmitting them to the Registrar.

(2) Executive Officer (of the Service).

(3) Chief of Section.

(a) Each of Sections listed above will be conducted by a designated medical officer who will be known as the Chief of that particular section.

(b) Responsible to the Chief of Service for the administration of operations of his section and care and treatment of all patients therein.

(4) Ward Officer and Clinic Officer.

(a) Responsible to Chief of Section.

(b) For further remarks on Ward Officer, see Outline of Ward Management and Supply.

B. Surgical Service.

1. Organization.

a. Sections.

(1) Anesthesia and Operating Section.

(2) General Surgical Section.

(3) Genito-Urinary Section.

(4) Obstetrical Section.

(5) Orthopedic Surgery Section.

(6) Physiotherapy Section.

(7) Septic Surgery Section.

(8) Women's Section.

b. Officers.

(Organized along similar lines of that of Medical Service).

C. Other Services.

1. Laboratory Service.

2. Dental Service.

3. Eye, Ear, Nose and Throat Service.

4. Outpatient Service.

a. Pharmacy.

VII. Persons who may be Admitted to Army Hospitals.

A. All persons in active military service.

B. Under certain circumstances persons belonging to other governmental departments, such as the Navy, are also eligible.

C. Beneficiaries of the U. S. Veterans' Administration may be admitted to certain designated Army hospitals.

- D. Regulations also provide for the admission of certain civilians in governmental service, or who have had such service.

VIII. Disposition of Patients.

A. General Remarks.

1. Unless directed by higher authority, the Commanding Officer of a hospital does not order a patient discharged or transferred from the hospital until, in such commanding officer's opinion, the discharge or transfer in question would not endanger the life of the patient concerned.

- B. For further remarks concerning disposition, see Outline of Ward Management and Supply.

IX. Patient's Effects.

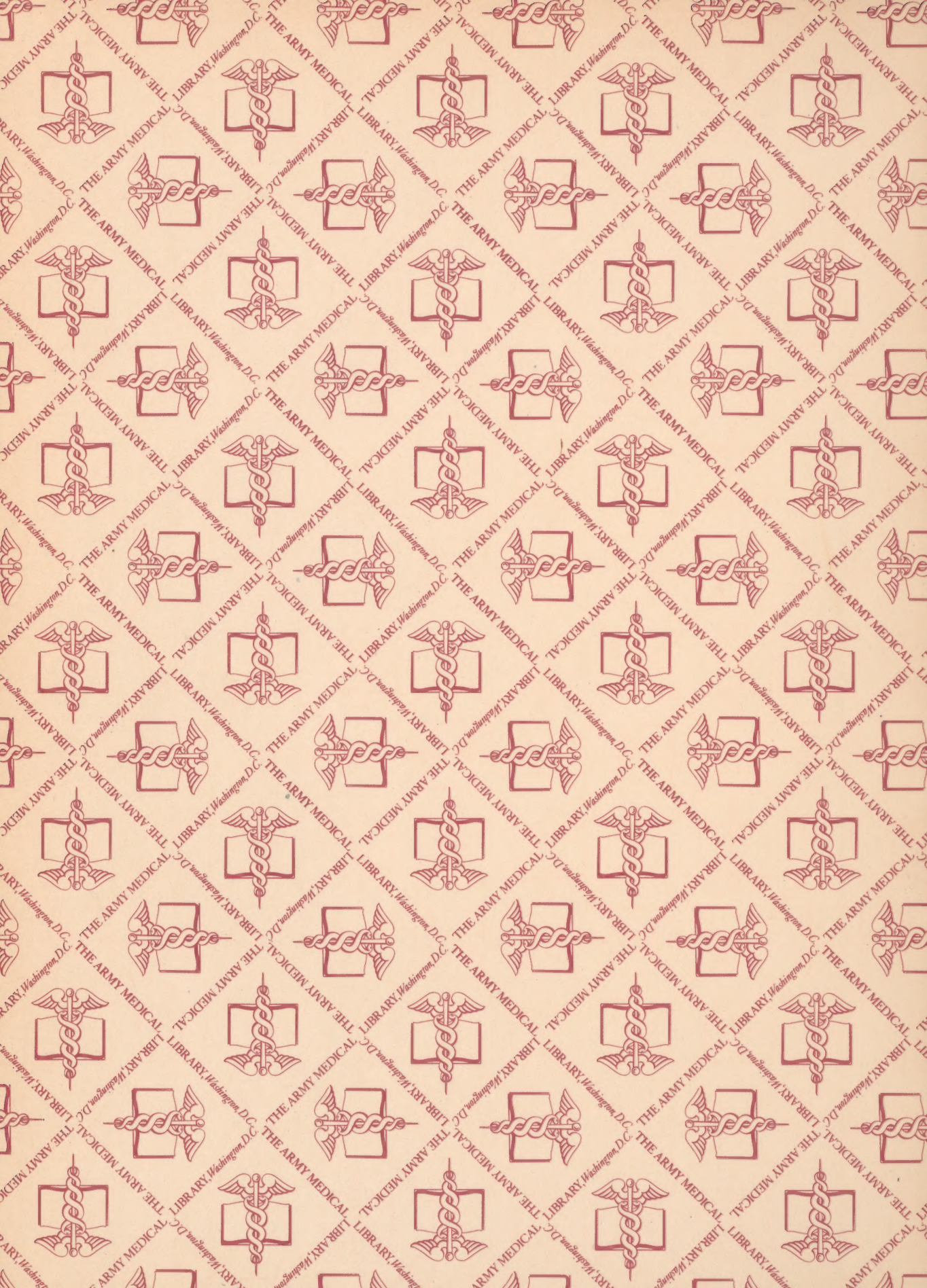
A. Responsibility.

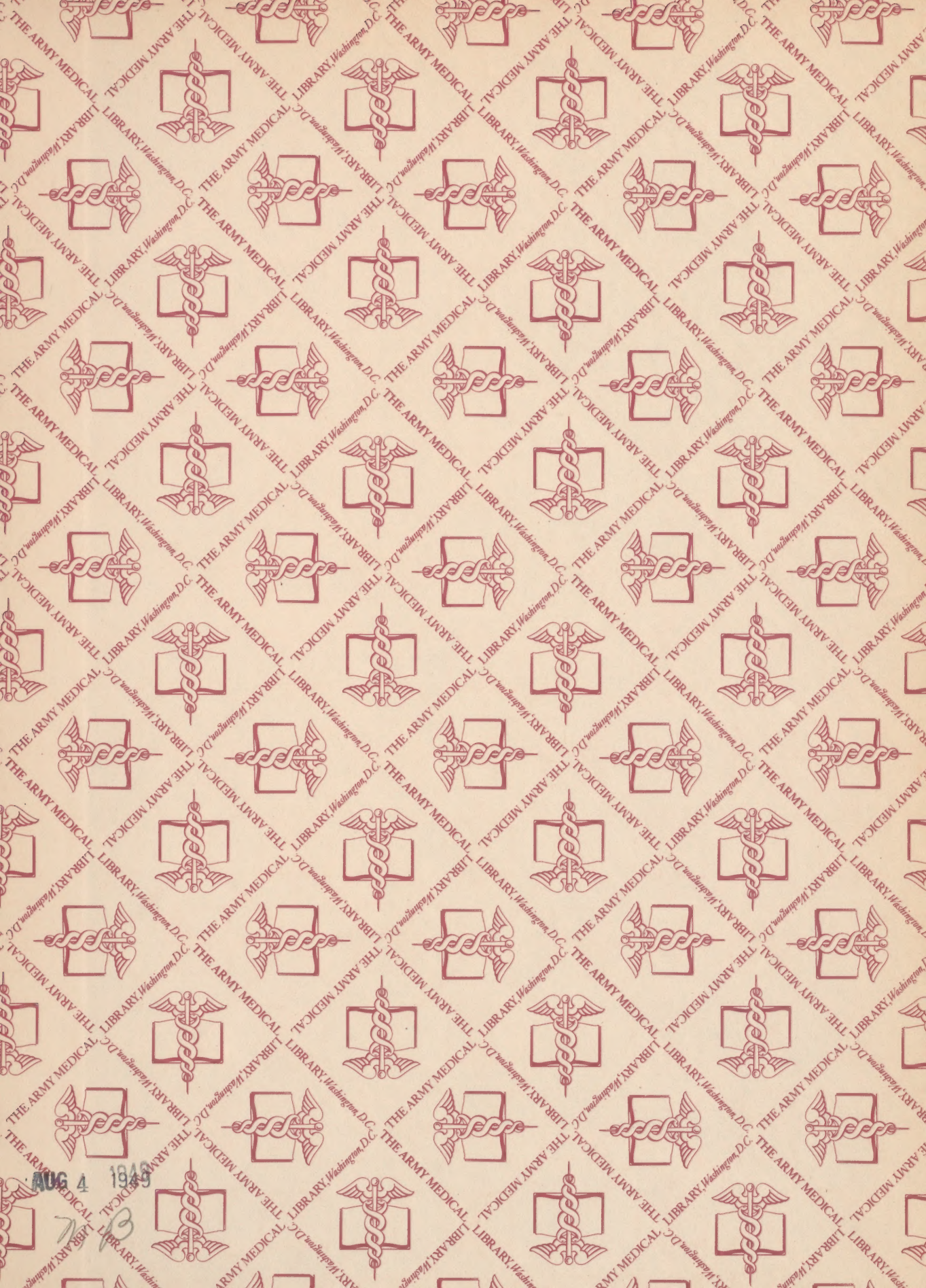
1. The Commanding Officer of a hospital is responsible that due care is observed in safe guarding the money, valuables, clothing, and other effects of patients admitted to the hospital.

B. Custodian of Money and Valuables.

1. The registrar is ordinarily the custodian of money and valuables turned over to the hospital by patients for safekeeping.
2. Method of accounting for money and valuables.
3. The custodian deposits all money in the hospital safe or in a local bank to the credit of "Patients' Funds."

- C. For further remarks concerning money and valuables, see Outline of Ward Management and Supply.





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